

it was, he said quickly 'fifty cents.' A dollar bill being given him, he fixed his attention upon the engraved words a good while, and then, with a grieved air, said 'he could not'—read, I suppose he meant. I am uncertain whether he knew what the paper was; Dr. D. thinks he did. His wife suggested the propriety of being grateful for the gift, upon which he nodded, and said 'Thank you.' I think he speaks English rather than German, for, being addressed once or twice in German, he answered in English."

ART. VIII.—*Notes of Hospital Practice at Bellevue, New York.* By D.
MEREDITH REESE, M. D., Resident Physician.

THIS institution is the great Charity Hospital, for the medical and surgical treatment of the pauper population of the city; and, during the last two years, has provided for an average of nearly 600 patients. They are, for the most part, the victims of intemperance and vice, and only brought hither in very advanced stages of disease, too often only to die. Nevertheless, almost every variety of disease is here exhibited; and a single year, diligently improved by a residence in this hospital, on the part of a student, may prove the best clinical school to which a young practitioner can have access. Of these advantages several of the assistant physicians have availed themselves, and are already giving promise of professional eminence.

In the following paper, it is proposed to record only a few of the practical and useful lessons either derived from experience here, or confirmed thereby.

Typhus Fever.—The opportunities for observing the results of medication, in cases of typhus or ship fever, have been ample, and perhaps unsurpassed in the country. It has been, however, only in the later periods of the malady that the patients have been admitted; very rarely, indeed, before the eighth day, and often much later, and not until complicated by some local mischief.

It has been uniformly observed, that those patients who had been subjected to any active medical treatment before admission were in a worse condition than those in whom no medication had been previously resorted to. And whenever bleeding, purging, vomiting, &c. had been employed, before they were brought hither, the prognosis was unfavourable; and, with very few exceptions, these cases proved fatal. How far the depraved constitutions of this class of patients may have rendered them unable to bear depletory remedies of any kind, even in the earlier stages of the fever, may not absolutely be affirmed; but the fact of their being contra-indicated, and always mischievous, became apparent in all our cases.

In regard to the treatment resorted to, no active means were employed, except when complications demanded a deviation from this rule; or when diarrhoea or erysipelatous inflammations supervened. These and other analogous sequelæ were very rarely observed, except in those cases which had previously

been under medication before they reached the hospital, or in which pneumonia, or some other form of the phlegmasiae, had co-existed with the fever. The few cases which occurred as exceptions were traceable to too early and too liberal use of stimuli.

Our usual course with the fever patients was to enjoin absolute rest in bed, with free ventilation, cool air, and warm drinks, the latter being nutritious, and occasional doses of the sp. mindereri, with or without a grain of ipecacuanha, and continued until free perspiration was induced. When much heat prevailed, ice and iced water were found grateful, and, if necessary, the head, face, and neck were sponged occasionally with iced water. When diarrhoea or delirium was present, counter-irritants to the extremities and abdomen were relied on, which were always useful. And if, on the subsidence of the fever, after longer or shorter persistence, there was a flagging of the pulse, or other evidences of great prostration, wine whey, milk punch, with brandy and ammonia, were consecutively employed, and afterwards persevered in, according to the indications. The counter-irritation to the surface by mustard or epispastics was superadded, if delirium or any degree of coma was present.

The only modifications of this treatment were—in complicated cases, or severe sequelæ, cupping for pneumonia; injections of nitrate of silver for protracted diarrhoea; calomel, opium and ipecacuanha in combination for dysenteric symptoms; and for supervening erysipelas, the internal use of quinine and the external application of ice, nitrate of silver and blisters.

Under the treatment thus described, we had the satisfaction of witnessing a degree of success which has rarely been exceeded by any other plan; and, when the unfavourable condition of our patients when received is considered, the rate of mortality must be regarded as unusually small, the statistics of the hospital demonstrating that we lost less than one-sixth of our typhus cases, or about fifteen per cent.

In our numerous dissections of the fatal cases, more or less effusion into the ventricles of the brain was almost uniformly discovered; while the instances of intestinal ulcerations, or the morbid condition of Peyer's plates, &c., as described by the French writers, were but rare, and even then the cerebral mischiefs were more obvious and prominent.

It may be proper to add that, during the continuance of our endemic, for such it was for many months, there was no evidence furnished which could be legitimately cited as favouring the theory that this fever was propagated by contagion; but, contrariwise, the proofs were ample that it was not communicable from person to person. For, although some of the nurses, and a few of the assistant physicians, contracted the disease while attending upon the fever wards, yet the same result would have followed, had intermittent or other malarious fever been prevalent; not by contagion, but by the epidemic atmosphere to which they were exposed, under circumstances which constituted a predisposition to an attack. The generation and perpetuation of pestilential typhus in a ship, jail, or hospital, by the flagrant violation of the laws of hygiene too often exemplified under such circumstances, ought never to have been perverted into an argument to bolster up the theory of contagion, which else had long since been abandoned among the relics of barbarism, from which enlightened science and rational medicine ought wholly to have escaped.

Burns.—Among the most numerous cases brought into the surgical wards of charity hospitals everywhere, may be reckoned the injuries received by burns and scalds, which, when extensive, are too often fatal. In the treatment of these injuries, we have had great experience and uniform success, when the

patients were brought in soon after the injury. No fatal case of recent burn or scald has occurred in the hospital, although several have been extensive and severe. The universal treatment of all such cases is to cover the parts with wheaten flour thrown over the wounds by a dredging-box, which, if thoroughly done so as to exclude the air, and prevent its temperature from reaching the suffering tissues, will afford instant relief from pain, and allay all that nervous irritation which is the chief source of immediate danger in all cases of extensive burns. We have had opportunity to test this practice in terrible burns occasioned by explosions of gunpowder, in scalds from the bursting of steam-boilers, in examples of persons while drunk falling into the fire, and others in which the clothes were burnt off the body by the combustion of spirit gas, &c. In all these cases, and in some of them scarcely any portion of the body had escaped—and notwithstanding, in a few of them, the integuments were literally baked, so that extensive and deep-seated suppuration and sloughing were inevitable, and had afterwards to be endured—the external application of the flour was in the first instance our only remedy, and this was continued for one or more days while the acute effects of the injury demanded it. The superficial portions of the burn or scald would often heal under this application alone; and the solutions of continuity, more or less deep, which remained open and discharging, were then dressed with lime-water and oil, by means of a feather, to which creasote was added if the granulations were slow, or the sloughs tardy in becoming loose. Under this dressing, the most formidable burns have been healed; and, even when the face has been involved, there has been scarcely any considerable deformity. In one of our patients, the face being horribly burned by an accidental explosion of gunpowder, the grains of powder having been imbedded in the skin, very great apprehensions were indulged that the discoloration thus produced would permanently disfigure and deform the countenance. But, after the persistent application of the flour for three successive days, and until the tumefaction of the face and head had subsided, it was found that, with a few applications of the lime-water dressing, the cicatrization was complete, and even the discoloration was removed.

If this simple remedy were resorted to in the severe scalds sometimes occurring from explosions of steamboat boilers, &c., there can be little doubt that the fatality of such burns would be very rare; while the popular and mischievous methods of applying raw cotton, oil, molasses, salt, alcohol, spirits of turpentine, sugar of lead water, ice, &c. to *extensive and deep burns*, are all of them injurious, and often destructive to life.

Syphilis.—A large majority of the surgical diseases found in this hospital are constitutional syphilis, in the secondary or tertiary forms. Among these, cases of iritis are frequent, and are generally cured by mercurials and opium internally. Periostitis, in every form and location of nodes, is very generally removed by the iodides and arsenic, the latter often successful after the former fails. *Rupia* yields to large doses of the iodide potassae, with corros. sublimate, or in some cases without it. The iodide of quinine has been found useful both in secondary and tertiary syphilis; nor, indeed, has any form of this terrible malady been found irremediable, except when the larynx and trachea have extensively suffered. In one case, tracheotomy was resorted to, without, however, any other than temporary relief. It is scarcely necessary to add that, apart from the medication above named, very great reliance is placed, in constitutional syphilis, upon liberal and even generous diet.

Pedicular Disease.—This affection is happily rare in this country; but a few cases have occurred in the hospital, one of which was as remarkable as any recorded in the foreign books. The patient was not merely covered with living lice upon every square inch of his body, but they were constantly issuing from the pores of his cuticle, beneath which they existed in incredible numbers. By scraping any part of his skin with a stick, or any other solid body, hundreds of living lice would fall out of the abraded cuticle, and might be collected upon a sheet of paper, as was several times done, for exhibition to visitors. In other respects, the man was in tolerable health, but so stupid that but little of his history could be learned, and nothing of the origin or duration of the disease. He was cured by the external application of dilute ung. nitr. hydrarg., with a very slight ptyalism.

Elephantiasis.—Several cases of this formidable disease have been presented, but not one of them was in a state admitting of successful treatment. The most remarkable of them was in a woman of immense size, said to weigh four hundred and fifty pounds. With the characteristic degeneration of the skin of the abdomen, thighs, and legs which belongs to this malady, she suffered under ascites, and died soon after entering the hospital. Such was her obesity that the abdominal walls were found to be of the thickness of five inches, and the fatty deposits about the heart measured two inches in thickness.

Acute Rheumatism.—This disease has been successfully treated in numerous cases by large doses of nitrate of potash, 3*i* to 3*j* having been given and repeated every few hours. No bad symptoms followed in any case, but it failed sometimes, when the colchicum afterwards succeeded. Our experience has not been sufficient, however, to determine upon the comparative merits of this plan of treatment.

Phthisis Pulmonalis.—The advanced period of tuberculous phthisis, in which most of our patients reach the hospital, affords but slender encouragement from medication. In those, however, with whom any rational hope could be indulged from treatment of any kind, the cod-liver oil has been frequently and extensively employed, and many of the patients have improved under its use, and been discharged from the hospital, so that their subsequent history could not be traced. The apparent effects have been an improvement in the appetite and strength; diminution of cough, expectoration, diarrhoea, and night sweats, with the establishment of regularity in the alvine evacuations; but further experience will be required to estimate accurately the powers of the remedy. The crude and clarified oil have both been tried, though preference is given to the latter. From a teaspoonful to a tablespoonful has been given three times a-day.

Erysipelas.—During every winter, and at times when an unusual amount of humidity prevails, there has been, in the surgical wards, and sometimes simultaneously in every part of the hospital, a marked tendency to erysipelatous inflammation, so that occasionally it may be said to approach an epidemic form. It has then been deemed expedient to collect all the cases scattered over the house into one or more wards, rather for the facility of their treatment than from any dread of contagion. Ice and iced water have been found to be invaluable as a local application, and this, when the free application of nitrate of silver, iodine, and blisters failed to arrest the inflammation, or pre-

vent its spreading. The constitutional treatment has been chiefly quinine, wine, &c., under which a majority of our patients recovered. In phlegmonous erysipelas, numerous and extensive scarifications, allowing of the free escape of the pus, together with moderate but unremitting pressure by rollers, have proved signally successful in many formidable cases—appropriate constitutional treatment, to support vitality, having been steadily persevered in throughout.

Puerperal Peritonitis.—A sudden irruption of this fever has appeared, in the lying-in wards, several different times, the epidemic character of which has been in every instance promptly arrested by abruptly changing the apartments to another floor of the house, having a different exposure to the external air, and in which a due ventilation could be secured. The wards in which the fever appeared were meanwhile thoroughly cleansed and purified by whitewashing, &c., and not until thoroughly aired and renewed by a change of furniture and bedding, have they been again occupied. Two or three weeks have been found a sufficient time to vacate the wards, under such circumstances. The medical treatment has been various, and in rather more than half of our cases unsuccessful. The opium practice, when exclusively relied on, has uniformly failed. In no case has recovery taken place without bleeding, and yet, in several well-remembered examples, no advantage was derived from either venesection or leeching, although both had been liberally and judiciously employed. The same may be said of the mercurial treatment, with and without opium, and blood-letting, although all these remedies were used in every example of recovery; yet, in some instances, they all failed. The most numerous instances of success, however, were in those patients who, during the epidemic, were treated as follows: Immediately after delivery, a combination of ten grains of calomel with ten of camphor was given. On the appearance of the characteristic rigor, when this occurred, or when without it other symptoms indicated an attack, the same dose was repeated with two grains of opium. When pain and tenderness became distressing, and in the onset of the febrile excitement, a full bleeding at the arm was resorted to, the patient being placed in an erect position, and approaching deliquium being secured. If but little relief to the pain and tenderness followed this remedy, or these symptoms speedily returned, twenty or more leeches were applied to the abdomen, and, meanwhile, calomel and opium, in doses usually of from five to ten grains of the former, and one to two grains of the latter, were repeated every three or four hours; and in urgent cases more frequently. In these circumstances, a large blister plaster, covering the abdomen, and dressed with mercurial ointment on its removal, was found signally beneficial in several examples. The ptyalism, when it occurred under this treatment, was but slight, and in no instance severe. The patients who recovered under this treatment used ice and iced water freely, all their drinks being cooled with ice. The extent to which bleeding was carried was various; two or three full venesecti ons, besides leeching, having been sometimes called for during the first twenty-four hours, and with uniform advantage, as the results proved. So also the calomel was varied in dose, and in the aggregate quantity, according to circumstances. Small and even very minute doses, often repeated, were relied on in several cases; but every one of these proved fatal. So also scruple doses, with and without opium, and venesection were tried, but with less favourable results than the course above mentioned.

Chloroform and Ether.—The employment of these anaesthetic agents by inhalation has been signally successful in every department of hospital service. At first, and immediately after its introduction into the Massachusetts General Hospital, the ether was used in all surgical operations of any magnitude, and in various painful and spasmodic diseases. No permanent evil effects followed, except in a single instance in which cerebral disease, probably of organic character, had pre-existed, and in this case the operation for the removal of extensive exostosis was necessarily tedious, and the inhalation had to be continued, and more than once repeated. The wound healed kindly, but the patient had to be subsequently sent to the insane department, and is deemed incurable. As, however, he had exhibited indications of insanity long prior to the inhalation, the mischief cannot fairly be ascribed to the etherization, although it would be indiscreet to employ this agent in any similar case. In no other instance did any evil happen which could be legitimately traced to the use of ether, although it was used very frequently for months, and until the introduction of *chloroform*.

This latter article was adopted as a substitute for the ether, as soon as authentic accounts were received of its employment by Dr. Simpson with success, and chiefly because we had found that the effects of ether were too slow in some cases, unequal in degree in others, while it occasionally failed. The chloroform used at first was prepared by Dr. John Miller, then chemist and apothecary to the hospital, and was of entire purity and great strength. Our early experience with it developed two objections to its use; namely, it was sometimes too rapid in its action, occasionally cumulative, and deep anaesthesia came on too suddenly; hence we used it with great caution, and closely watched its effects. Anxious to avail ourselves of its greater certainty than ether, and yet avoid too deep anaesthetic effects, we determined to dilute the chloroform with ether, in the proportion of two measures of the latter, by weight, to one of the former. With this mixture, we have had every reason to be satisfied, and have hence very rarely employed the chloroform alone. The suggestion of this mode of dilution was first made by Dr. W. H. Van Buren, one of the visiting surgeons, and at his instance it was prepared and used for a surgical operation, with such entire success that we have employed this mixture ever since. In some instances, it is true, we have found patients so unsusceptible, that we have resorted to the chloroform alone, until the desired insensibility was produced, and then rendered the effect persistent, as long as necessary, by using the mixture of chloroform and ether, regarding it as a safer practice, and equally efficacious to this end.

Our method of employing these agents has been either by applying to the mouth and nostrils a hollowed sponge, moistened with $\frac{3}{4}$ i or $\frac{3}{4}$ jj of chloroform, or $\frac{3}{4}$ ss of the mixture; or, by means of a towel or handkerchief in lieu of the sponge, and which, on some accounts, is to be preferred. In no case, have we persisted continuously to apply either of these agents, so as to exclude the atmospheric air, but have always allowed the alternate inhalation of the air and that of the chloroform or ether. And our rule has been to remove the agent from the mouth and nostrils as soon as anaesthetic effects have become manifest, reapplying the sponge or towel occasionally, if necessary. With these precautions, our experience has been so entirely free from any untoward or unpleasant consequences, that we can scarcely feel the force of the objections recently urged against anaesthetic agents, and are constrained to apprehend that the mischiefs described have resulted either from the want of due caution in their employment, or the lack of discrimination in the subjects, by overlooking ex-

isting pathological states which contraindicate their use. Certainly, we can have no sympathy with the surgeon whose unsuccessful operations are ascribed by himself to etherization; much less is any man authorized to attribute the want of success in another, to the fact that either chloroform or ether had been used in the case.

The following are a few of the specialities in which these agents have been employed here; namely:—

1st. In *reducing dislocations*; and here our experience has proved the invaluable importance of the discovery which has furnished to the profession these means of completely relaxing the muscles and ligaments of the larger joints. In several instances, luxations at the shoulder and hip of long duration, which, after repeated trials, could not be reduced by any amount of physical force applied in the ordinary way, were, after the inhalation of chloroform by the patient, found capable of ready reduction with the thumb and finger. If no other good were conferred by chloroform, this alone would render the discoverer a benefactor to the world.

2d. In hysterical, epileptic, and puerperal convulsions, we have had frequent opportunities of witnessing the speedy and effectual relief afforded by the inhalation of chloroform and ether; and, in the latter of these forms of disease, after extensive venesection and the other most potent antispasmodics had been tried in vain.

3d. In *delirium tremens*, we have frequently been able permanently to calm a violent patient, and induce profound and protracted sleep, after both lupuline and opium had failed.

4th. In *paroxysmal or spasmodic asthma*, a very few inhalations of ether or chloroform, without even approaching full anaesthesia, will be found more effectual for relief than any other remedy.

In tedious, protracted, or severe labour pains, and especially when mal-presentation, or other causes, render painful operations necessary, whether manual or instrumental, the inhalation of chloroform, with the precautions already named, has been found to be uniformly safe, and pre-eminently useful, both to the mother and child; while it divests the most formidable operations of obstetric surgery of their terrors, alike to the physician and his patient. We have not encouraged the use of this agency in natural labours, unattended by any considerable severity, although in these cases no evil has happened to mother or child in our hands. But, in all cases in which it has become important to lessen the sufferings of the mother, we have uniformly administered the chloroform, and have had every reason for undiminished confidence in its innocence and utility. Indeed, we had good ground to believe that, in several cases, our patient would have died undelivered, if we had been without chloroform; and yet, in more than one of these, the child as well as the mother was saved. Nor have we been able to detect, in a single instance, any subsidence or diminution of the labour pains, either in frequency or force, during the moderate degree of anaesthesia, which is all that is necessary for any useful purpose in obstetrical practice. And yet we have been obliged, in some severe labours, to continue the repetition of the inhalation during several hours—applying the chloroform to the nostrils and mouth for a few moments only, however, at the commencement of every pain—our patient importunately pleading for it, after having felt its efficacy in relieving her sufferings. Such has been our hospital experience in certainly one of the largest lying-in departments in our country.

Surgical Operations.—In all cases, when the severe or formidable operations of surgery have been called for, whether by the knife, saw, chisel, or red hot

iron, we have not hesitated to give our patients the benefit of chloroform; and, in all this variety of infliction, we have witnessed entire immunity from pain, and in most cases there has been no consciousness of the operation. The limb has remained unheld and unmoved while the actual cautery has been made repeatedly to traverse a joint; and, in one instance of the amputation of a thigh, the patient remained ignorant of his mutilation until the fifth day, when it became necessary to dress the stump, he all the while supposing that his leg was bound up in splints, and complaining of that very common, though imaginary, sensation in the toes of the amputated limb. The success of operations, and the early healing of the wounds thus made, have in no instance been hindered or delayed, so far as we could perceive; and we have even surmised the contrary. In primary amputations, after compound or comminuted fractures, when these are judged necessary, the additional shock to the nervous system, so much dreaded, is in a great measure obviated by the judicious use of chloroform. And, whatever may be the prejudice existing or engendered by panic-makers, who are for the most part mere theorists, the extensive experience and success of practical men, here and elsewhere, should disabuse the profession and the public of the erroneous views which have been promulgated of late, on the basis of a few unsuccessful and probably indiscreet experiments, and isolated cases of unfortunate termination. The profession should not only allow their patients the advantages derived from this new agency to protect them from suffering, but they should feel that they are not at liberty to hazard the safety of their patients by withholding from sufferers of every class the benefit of anaesthesia, now that science has conferred this boon upon afflicted humanity.

Cholera.—During the recent epidemic by which our city and its vicinity so severely suffered, there were but very few cases at Bellevue, notwithstanding the large number of patients here, and of a class signally predisposed to become its victims. The preventive measures relied on were, a strict attention to cleanliness in and about the entire premises; thorough and persevering ventilation of all the wards; the extensive use of ice and iced water; and a careful regulation of the dietary habits of all the inmates. Good dry sugar was at once substituted for molasses, and better supplies of food, both in quantity and quality, were forthwith provided. Very little medication of any kind was permitted, and all cathartics were forbidden. When the premonitory diarrhoea began to exhibit itself, it was made the duty of the orderly or nurse of every ward to notify the assistant physicians of every instance in which looseness of the bowels was observed; and, at stated hours, a medical inspection of all the patients was made both day and night to detect the earliest symptoms, which there was a disposition to conceal. The prescribed antidotes were placed in every ward, to be in readiness at all times; and all the inmates were instructed in the importance of early treatment in case of an attack.

For several weeks, and even after the neighbouring institutions on Blackwell's Island were visited with the epidemic, the hospital at Bellevue had wholly escaped; nor is it probable that we should have had a single case, had not the atmosphere of the entire premises been rendered impure and offensive to the last degree by the contents of the dead-house for the whole city, which is most improvidently located within a few yards of the hospital. At the climax of the epidemic, more than a hundred bodies were deposited here in a single day, whence they were to be transported in boats to "Potter's field."

But the means of removal being inadequately provided, they were allowed to accumulate; and the effluvia became so offensive, that it was necessary to close all the windows opening towards the dead-house; and even then the stench was intolerable. All ventilation of the wards being thus precluded, one, and then another, case of cholera began to appear, and the premonitory diarrhoea now became almost universal throughout the house, a score or more being thus seized in a single night.

It was not until a number of deaths had occurred, including the keeper of the dead-house, and the gate-keeper who was located near it, that our remonstrances were heard; and the necessary provision to empty the dead-house, by removing the bodies every evening, could only then be obtained. From that time, the cases were few, and occurred at intervals of several days, so that all apprehensions of its becoming epidemic here were at an end. The whole number of cases during the summer did not exceed thirty, and several of these were brought hither. The persons attacked were chiefly broken down previously by age, intemperance, or chronic disease of long standing, so that a majority of all the collapsed cases were fatal. Several of them had no premonitory symptoms whatever, while others concealed their symptoms until in a hopeless condition. The few recoveries were in persons who were treated internally by large doses of calomel, repeated every two to three hours, varying from ten to twenty grains, and usually in combination with capsicum, or camphor, or both; large quantities of ice were eaten, meanwhile, and the surface of the body covered with heat and stimulants. In other cases, however, it must be conceded that this identical treatment failed; but without it, none recovered. A slight ptyalism followed in three cases, one of which afterwards died of consecutive fever. Only two of our cases were bled, and one of these recovered. I have notes of all the cases, numbering twenty-nine, of whom eight only were saved.

Our success in arresting the diarrhoea was very nearly universal; and, indeed, only one case of death occurred when the premonitory symptoms were discovered. There was no novelty in the treatment of these—our reliance being chiefly on rest, ice internally, with heat to the skin, and an occasional dose of ether, sp. lavend. c., and vinum opii, mixed in suitable proportions, which was found sufficiently astringent, cordial, and anodyne for our purpose. The tinct. capsicum was occasionally tried in various combinations, but was found to offend the stomach, so that even laudanum was rejected when mixed with it, and retained only when given alone.

The epidemic prevailed extensively upon Blackwell's Island in each of the institutions located there, and was very fatal. I am not in possession of the facts in relation to its prevalence at the Penitentiary or Almshouse; but one of my assistants, Dr. H. D. Jenkins, having been detailed from Bellevue to aid Dr. Ranney at the Lunatic Asylum, I append to this paper the tabular statement made by him, which may be relied on as accurate, and is, perhaps, worthy of publication in your Journal, as, for all practical purposes, it is sufficiently minute.

Dates	Name	Purg-ing	Vomit-ing	Cramps	Pulse	Treatment
June 10	Boon	slight	none	severe	none	cal. gr. x, opii gr. $\frac{1}{2}$, every half h.
" 12	Margaret Help	"	"	"	feeble	" " "
" 23	John Crogan	"	"	"	none	cal. gr. x every h.; injecc. tr. op.
" 24	Hannah Walden	"	"	"	none	" " " sodae acid. tart.
" 26	Catrene	none	"	"	none	quin. ferri acid. sul. arom.
" " " Marg'ret Flanighan	"	"	"	nat.	feeble	pil. pl. op. every half hr., brandy
" " " Humey Boleld	"	"	"	"	none	cal. gr. x every half hour
" " " Ann Duffy	"	"	"	"	none	" " "
" " " Mary Smith	"	"	"	"	none	effer. draughts; laudanum; quin. et capsic.
" 27	Rose Shaughnessy	"	"	"	feeble	prep. camph. every hour
" " " Smith, nurse	"	"	"	"	feeble	cal. xx gr. every hour
" " " Mary Marteneau	"	"	"	"	none	" " " 5 times
" " " Amelia Jacobs	"	"	"	"	none	prep. camph. every hour
" " " Rose Larkin	"	"	"	"	feeble	mustard emetic, brandy, tr. op. ether sulph.
" 28	Ellen Murphy	"	"	"	feeble	cal. gr. xv every 2 hrs. prep. cam.
" 29	Ann Scandlen	"	"	"	feeble	cal. gr. xx every 2 hrs., brandy
" " " Bridget Whalen	"	"	"	"	none	cal. g. x every hour; mist. arom.
" " " Peter Nicholson	"	"	"	"	feeble	cal. gr. xx every 2 hrs. "
" " " Alex. Jack	"	"	"	"	feeble	cal. gr. x every hour " "
" " " Rebecca Saul	"	"	"	"	feeble	cal. xx by 10 every h. " brandy
" 30	Bridget McGuire	"	"	"	feeble	" " " "
" " " Harriet McCarty	"	"	"	"	feeble	cal. gr. x every hour
July 1	Jane Loyd	"	"	"	feeble	cal. gr. xv every 2 hrs. "
" 2	Anne Curly	"	"	"	none	cal. gr. xx a x every h. " sul. quin.
" 3	Lauretz Burtz	"	"	"	feeble	cal. gr. x every hour "
" " " Phoebe Earle	"	"	"	"	feeble	cal. gr. xxx by 10 every hour
" " " Phoebe Hulet	"	"	"	"	feeble	cal. gr. xx every 2 hours
" " " Prisoner, blk. fem.	"	"	"	"	feeble	cal. gr. x every 2 hours
" " " Eliza	"	"	"	"	none	cal. gr. i, tint. opii
" " " Mrs. Franks	"	"	"	"	feeble	cal. gr. i every 10 min.; tint. opii gtt. iv
" 4	Wm. Cain	"	"	"	feeble	" " "
" 5	Marg. Callahan	"	"	"	feeble	" " "
" " " Bridget Scott	"	"	"	"	none	" " "
" " " Charles Carroll	"	"	"	"	feeble	cal. gr. x every hour
" 7	Mrs. Henry	"	"	"	none	prep. camph. every 2 hours
" " " Mary Daily	"	"	"	"	feeble	" " "
" " " Susan Mason	"	"	"	"	none	cal. gr. i, tint. opii gtt. iij
" " " Cath. Lynch	"	"	"	"	feeble	" " " V.S. oz. xi
" " " Ann Riley	"	"	"	"	feeble	cal. gr. x every hour
" 8	Hannah Ray	"	"	"	none	cal. gr. i; tint. opii
" " " Leonard Willet	"	"	"	"	none	cal. gr. xx by x every hour
" " " Michael Bromley	"	"	"	"	none	" " "
" " " Wm. H. Knapp	"	"	"	"	feeble	prep. camph. oz. ss., cal. gr. x every hour
" " " Susan Taylor	"	"	"	"	none	cal. gr. x by gr. i every h.; tr. op.
" " " Mrs. Adams	"	"	"	"	none	" " "
" " " Owen Brady	"	"	"	"	none	cal. gr. x every h.; V.S. oz. viij
" " " Barnabas Larkin	"	"	"	"	feeble	cal. gr. x by i; tint. opiigtt. iv
" " " Mich. Hanley	"	"	"	"	feeble	" " "
" " " Mrs. Spyer	"	"	"	slight	feeble	prep. camph., cal. gr. x
" 9	Mary McCormick	"	"	"	feeble	cal. gr. x every hour
" " " Sarah Wood	"	"	"	"	none	cal. gr. x by i; tr. opii
" " " Susan Katon	"	"	"	none	feeble	cal. gr. x every hour
" " " George	"	"	"	"	none	cal. gr. xx by x every hour
" " " Valentine Joe	"	"	"	"	none	cal. gr. x every hour
" " " Rosanna, blk.	"	"	"	"	none	" " "
" " " M. Leonard	"	"	"	"	none	cal. gr. xx every 2 hours, mist. camph.
" " " Eliza Kellburn	"	"	"	"	feeble	cal. gr. ij, tr. op. every 10 min.

Result	Duration	Previous symp't's	Collapsed	Remarks
died	5½ hours	none	immediately	
recovered		none	partial	
died	12 hours	none	total	Diarrhoea for 2 days.
died	15 hours	none	in 2 hours	Diarrhoea for 24 hours.
died	3½ hours	none	immediately	
died	12 hours	unknown	before death	
died	10 hours	none	immediately	
died	12 hours	none	immediately	
died	18 hours	unknown	immediately	
recovered	24 hours	unknown	not	
recovered	48 hours	unknown	not	
recovered	6 days	unknown	in 2 hours	Diarrhoea for 12 hours.
died	36 hours	unknown	from first	Continued in collapse 12 hours.
died	11 hours	unknown	in 3 hours	Slight reaction.
recovered	12 hours	unknown	partial	Diarrhoea for a day.
died	30 hours	none	in 2 hours	Reaction came on in 12 hours, but relapsed.
died	18 hours	none	in 2 hours	No reaction. Bilious vomiting in 2 hours.
died	6 days	none	partial	Diarrhoea 12 hours; reaction in 12 hours; secondary fever.
recovered	12 hours	none	partial	Diarrhoea 24 hours; reaction in 6 hours.
died	15 hours	none	in 4 hours	
died	6 days	none	immediately	Diarrhoea 2 days; reaction in 12 hours; secondary fever.
recovered	12 hours	24 hrs.	not	
died	4 days	unknown	in 4 hours	Reaction in 10 hours; secondary fever.
died	3 days	none	immediately	Partial reaction in 14 hours.
died	14 hours	none	in 4 hours	Diarrhoea for 18 hours; coma.
recovered	14 hours	unknown	after attack	Collapse lasted 10 hrs.; bilious diar.; ptalism.
died	3 days	unknown	after attack	Collapse lasted 6 hours; ptalism.
died	24 hours	unknown	in 10 hours	Diarrhoea 12 hours.
died	5 days	none	immediately	Collapse continued 12 hrs.; died of second'ry fever.
recovered	10 hours	none	not	Diarrhoea 2 days.
recovered		unknown	in 4 hours	Collapse continued 10 hours; bilious vomiting and purging; ptalism.
died	15 hours	unknown	in 3 hours	Diarrhoea 12 hrs.; ptalised.
died	7 days	unknown	immediately	Bile in discharges in 12 hours.
recovered	24 hours	unknown	not	Diarrhoea for a day.
died	16 hours	unknown	in 6 hours	Diarrhoea for 12 hours; partial reaction in 6 hours; relapsed 12 hours afterward.
recovered	12 hours	unknown	not	Partial reaction in 12 hours.
died	2 days	unknown	immediately	Bilious discharges.
died	26 hours	unknown	in 4 hours	Partial reaction in 4 hrs.; sank; bilious vomiting.
recovered	24 hours	none	not	No effort towards reaction.
died	25 hours	none	immediately	" "
died	4 hours	none	immediately	" "
died	3 hours	none	immediately	" "
died	30 hours	none	in 6 hours	Bilious vomiting.
died	6 hours	none	immediately	Vomiting and purging continued two hours.
died	8 hours	none	immediately	
died	16 hours	none	immediately	
recovered	2 days	none	not	Bilious discharges.
recovered	2 days	none	not	" "
recovered	2 days	none	not	" "
recovered	1 day	none	partial	Ptalism.
died	26 hours	unknown	immediately	
died	6 days	unknown	partial	Bilious vomiting continued 3 days.
died	20 hours	unknown	immediately	
died	9 hours	none	immediately	
died	17 hours	unknown	immediately	
died	12 hours	unknown	immediately	
died	2 days	unknown	partial	Reacted, but collapsed afterwards.

Dates	Name	Purg-ing	Vomit-ing	Cramps	Pulse	Treatment
July 8	George Johnusou	none	none	none	feeble	cal. gr. x, twice
" " George Kern		"	"	"	feeble	cal. gr. x every h.; prep. camp.
" " Cath. Withers		"	"	"	feeble	cal. gr. x, mist. aromat.
" 10	Mason	"	"	"	none	cal. gr. xx every 2 hours
" " Eliza Roach		"	"	"	feeble	cal. gr. x by gr. i every hour
" " Jerush. Myers		"	"	"	feeble	mist. aromat. dr. i every hour
" " Connor		"	"	"	feeble	cal. gr. x every—V.S. ad oz. xij
" " Helen Whalin		"	"	"	feeble	cal. gr. xx by gr. i; mist. arom., effer. draughts
" " Margaret O'Neil		"	"	abdo'en	feeble	cal. gr. x every h. " "
" " Freson		"	"	none	feeble	cal. gr. x " "
" " Capt. F. W. Lexton		"	"	"	feeble	cal. gr. x " "
" " Julia Slater		"	"	"	feeble	cal. gr. x " mist. arom.
" " Barba. Clinman		"	"	"	none	cal. gr. i; tinct. opii
" 11	Julia Ferris	"	"	"	none	cal. gr. i, tinct. opii gtt. ij
" " John Roewick		"	"	"	feeble	" " "
" " Harriet Vanderson		"	"	"	none	" " "
" " K. K. President		"	"	"	none	cal. gr. x every hour
" 12	Timothy Grey	"	"	"	feeble	" " prep. cam.
" " Elizabeth Deal		"	"	"	feeble	cal. gr. x every hour
" " Mary Patterfield		"	"	"	none	cal. gr. x " prep. camph.
" " Rose Goerch		"	"	"	feeble	cal. gr. x " "
" " O'Neil		"	"	"	feeble	" " "
" " Cath. Atte		"	"	"	feeble	cal. gr. xx by x every h., prep. camph.
" 13	Joseph Carneen	"	"	"	none	" " "
" " James Cassidy		"	"	"	feeble	cal. gr. x every hour; prep. c. acid. hydrocyan.
" " Andrew Salis		"	"	"	none	prep. camph.
" " Sarah Dermott		"	"	"	none	cal. xx every 2 h.; prep. camph.
" " Jerusha Murs		"	"	"	feeble	cal. gr. x; prep. camph.
" " Mary Sheridan		"	"	"	feeble	acid. hydrocyan. injection
" " Jane Loyd		"	"	"	none	cal. gr. x every h. "
" " Ann Moor		"	"	"	feeble	" " "
" 14	Prison woman	"	"	"	feeble	acid. hydrocy. injections
" " Cath. De Lacey		"	"	"	none	cal. gr. x every h., inject's
" " Eliza Garley		"	"	"	feeble	cal. gr. i, tr. opii, "
" " Dominick Noon		"	"	"	feeble	cal. gr. x every hour, inj.
" " Alfred		"	"	"	none	cal. gr. x " "
" " Marg. Barrucher		"	"	"	feeble	acid. hydrocyan. inj.
" " Ann McDonald		"	"	"	feeble	cal. gr. x every hour, inj.
" " James Barry		"	"	"	feeble	cal. gr. x every hour, inj.
" " Charles Cowan		"	"	"	feeble	cal. gr. x every hour, inj.
" " Pinkney		"	"	slight	feeble	cal. gr. x every hour, inj.
" " Elizabeth Woolcott		"	"	none	feeble	cal. gr. x every h., prep. quin. inj.
" " Mary A. Lentz		"	"	"	none	acid hydrocy. inj.
" " Mary Ryan		"	"	"	none	cal. gr. x every hour, inj.
" " Fanny Driver		"	"	"	feeble	acid. hydrocyan. inj.
" " John Hay		"	"	"	feeble	cal. gr. x every hour, inj.
" 16	Mrs. Morris	"	"	"	feeble	cal. gr. x every hour, prep. cam.
" " Mrs. Attnully		"	"	"	feeble	cal. gr. x every hour
" " Shaughnessy		"	"	"	feeble	cal. gr. x, inj.
" " Mary Qumland		"	"	"	feeble	cal. gr. x every h., inj. acid. hydrocyan.
" " Henry Otten		"	"	"	feeble	cal. gr. x every hour, inj.
" " Selima Bernard		"	"	"	feeble	cal. gr. x, opium gr. i, repeat 2ce
" " David Comstock		"	"	"	feeble	cal. gr. x every hour, inj.
" " Deborah Miller		"	"	"	none	cal. gr. x every h., inj., prep. cam.
" " Jack, blk.		"	"	"	feeble	cal. gr. x, followed by pulv. quod.
" " Marg.		"	"	"	feeble	mist. aromat.
" 17	Marg. Dutch	"	"	"	feeble	cal. gr. x, cam. x, cap. x, mist. aromat.
" " Edward Florence		"	"	"	feeble	cal. gr. x, prep. camph.
" " Mrs. Smith		"	"	"	feeble	cal. xx, cap. x, cam. x, every 2 h.

Result	Duration	Previous symp't's	Collapsed	Remarks
recovered	24 hours	unknown	not	
died	3 days	unknown	in 2 hours	Partial reaction; relapsed.
died	6 days	unknown	partial	Reacted, and died of secondary fever.
died	10 hours	none	deep in 6 hrs	
died	12 hours	none	in 2 hours	
recovered	24 hours	none	in 2 hours	
died	23 hours	none	in 8 hours	
recovered	5 days	none	in 6 hours	Continued 12 hours; stomach irritable for several days.
recovered	24 hours	none	not	Ptyalised.
recovered	4 days	none	partial	Vomiting ceased in few hours; purging continued 2 days.
died	5 days	none	partial	Bilious vomiting and purging; secondary fever.
died	9 hours	unknown	in 4 hours	
died	14 hours	none	immediately	Slight reaction in 4 hours; relapsed.
died	8 hours	none	immediately	
died	36 hours	none	in 4 hours	Reaction in 8 hours; relapsed.
died	11 hours	none	immediately	No reaction.
died	14 hours	none	immediately	No reaction; bilious vomiting from first.
recovered	3 days	none	partially	Ptyalised; bilious vomiting and purging.
recovered	3 days	none	partially	
died	10 hours	unknown	immediately	No reaction.
died	4 days	unknown	partially	Reacted and died of secondary fever.
recovered	24 hours	unknown	not	
died	17 hours	unknown	in 6 hours	Diarrhoea 2 days.
died	15 hours	unknown	immediately	
recovered	7 days	unknown	not	Diarrhoea 24 hours; secondary fever.
died	6 hours	none	immediately	
died	7 hours	none	immediately	No reaction.
died	3 days	none	partial	Bilious vomiting; reaction; died of second'y fever.
died	7 days	none	partially	Reaction in 12 hours; died of secondary fever.
died	11 hours	none	immediately	No reaction.
died	26 hours	none	in 10 hours	No reaction.
died	24 hours	none	in 8 hours	Diarrhoea 3 hours; reaction and relapse.
died	13 hours	unknown	immediately	
died	17 hours	unknown	in 3 hours	Partial reaction.
died	12 hours	unknown	in 2 hours	Diarrhoea 24 hours.
died	5 hours	none	immediately	
recovered	3 days	unknown	partially	Bilious purging.
died	5 days	unknown	partially	Reacted, but died of prostration.
died	14 hours	unknown	in 6 hours	Diarrhoea 24 hours.
died	22 hours	unknown	in 8 hours	
recovered	6 days	unknown	not	Diarrhoea 6 hours; bilious vomiting and purging 3 days.
died	13 hours	unknown	in 2 hours	No reaction.
died	20 hours	none	immediately	No reaction.
died	12 hours	none	immediately	No reaction.
died	12 hours	unknown	in 5 hours	No reaction; blue.
recovered	2 days	unknown	not	No reaction; 12 hours diarrhoea.
died	12 hours	unknown	in 4 hours	Diarrhoea 24 hours.
died	15 hours	unknown	in 5 hours	
recovered	24 hours	unknown	not	Diarrhoea 24 hours.
died	18 hours	unknown	in 3 hours	Diarrhoea 24 hours.
recovered	3 days	unknown	in 4 hours	Remained in collapse 14 hours; no secondary fever.
recovered	4 days	unknown	partially	Diarrhoea 12 hours.
died	30 hours	unknown	in 12 hours	Diarrhoea 24 hours; no reaction.
died	20 hours	none	immediately	No reaction.
recovered	12 hours	none	not	Diarrhoea for a day.
recovered	24 hours	none	not	Diarrhoea for a day.
recovered	24 hours	unknown	not	
died	30 hours	unknown	in 4 hours	Diarrhoea 12 hours.
died	30 hours	unknown	in 6 hours	Diarrhoea for a day; refused to take medicine; partial collapse.

Dates	Name	Purg-ing	Vomit-ing	Cramps	Pulse	Treatment
July 17	Leiper	none	none	none	feeble	cal. xx, cap. x, cam. x, every 2 h.
" "	Prison female	"	"	"	feeble	" "
" "	James Flanighan	"	"	"	feeble	" "
" 18	Mrs. Barry	"	"	"	feeble	" "
" "	Cath. Martin	"	"	"	feeble	cal. gr. xx, c. x, c. x, every 2 h., inj.
" "	Sarah Hunter	"	"	"	feeble	" "
" 19	Mary McGuire	"	"	"	feeble	" "
" "	Capt. Kearney	"	"	"	feeble	" "
" 21	Wm. F. Todd	"	"	"	feeble	" "
" "	Mrs. Ely	"	"	"	feeble	" "
" "	McGlawn	"	"	"	feeble	" "
" "	Mary Grayham	"	"	"	good	" "
" 22	Smith, nurse	"	"	abdo'en	feeble	c. xx, cap. x, cam. x, every h.
" 24	Julia Laraby	"	"	none	feeble	" "
" "	Cath. Kane	"	"	"	feeble	" "
" 25	Mary Taylor	"	"	"	feeble	" "
" 26	Eliza Crosby	"	"	"	feeble	" "
" "	Jane	"	"	"	feeble	" "
" 2	Indian	"	"	"	feeble	cal. gr. x every h., prep. cam.
" 26	Big John	"	vomit'g	"	feeble	cal. cam. capsic. "
" "	Prison woman	"	"	cramps	feeble	" "

ART. IX.—*Notes of Hospital Cases.* By HENRY HARTSHORNE, M.D., of Philadelphia.

Aneurism of the Aorta.—The history of four fatal aneurisms, occurring in the Pennsylvania Hospital in 1846-7, is noted, with the post-mortem appearances. Three were abdominal; one thoracic. The symptoms varied considerably; and in two of them the diagnosis was very obscure until a short time before death.

The first, a German, named Schrank, was remarkable for suffering under a general tendency to arterial dilatation and contortion. The subclavian and iliac arteries were all abnormally enlarged; the heart was dilated and hypertrophied, and two aneurisms of different size were found on the aorta. He remained in the wards for many weeks, dying at last from general irritation, without any rupture.

In A——n, who died the same day, pain and pulsation in the region of the liver, and diarrhoea, had been the prominent symptoms for several weeks before death. The autopsy displayed the tumour adherent to the liver, and proved that a rupture of the sac must have occurred four weeks at least before death, besides the one which destroyed him at last.

Michael Quigley, who had served in the Florida war, was the third. He was first admitted for bronchitis, 5th mo. 15th, 1846. A tumescence was then noticed over the arch of the aorta, in which strong pulsation was felt, and the sounds of the heart were heard with a ringing tone, on auscultation.